

## 10. DOH Presentation to HHS Committees; 2016 Legislative Session

Wednesday, January 13, 2016  
2:19 PM



# *South Dakota Department of Health*

Presentation to Senate Health and  
Human Services

January 13, 2016

## *What is Public Health?*



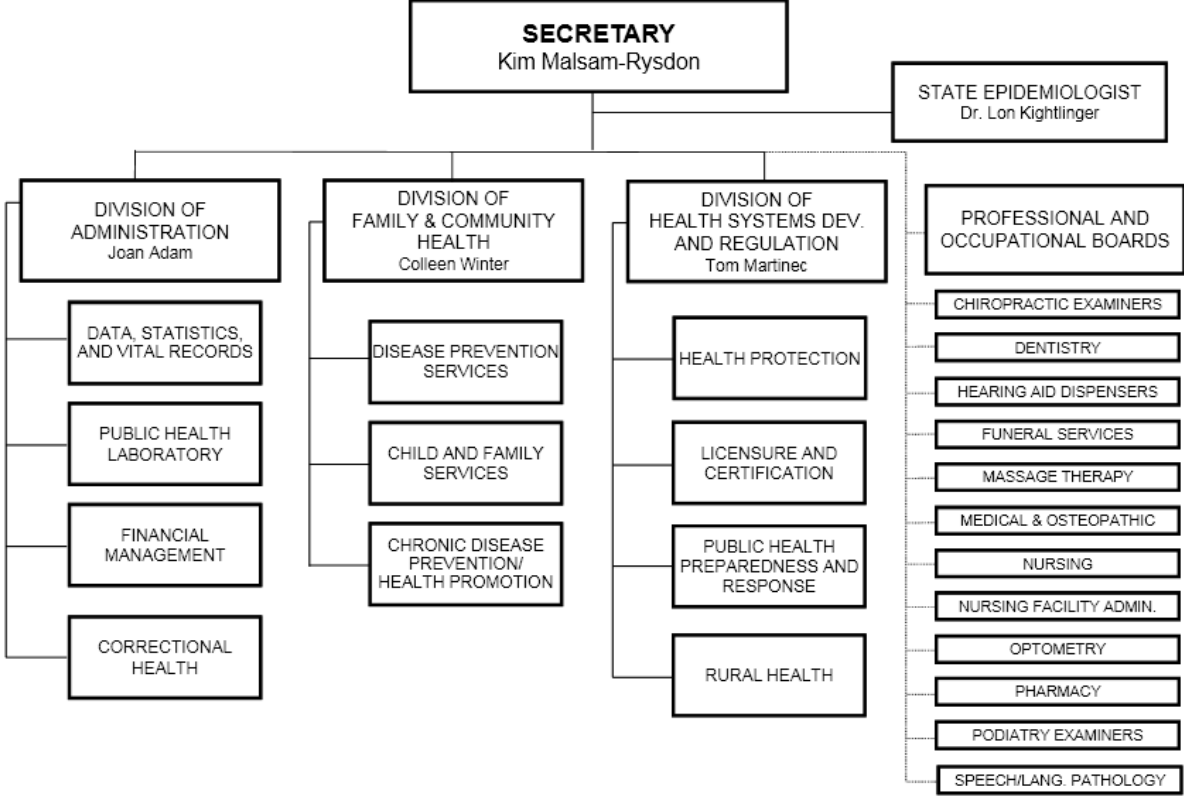
- ▶ Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.
- ▶ Public health:
  - ❖ Prevents epidemics and the spread of disease;
  - ❖ Protects against environmental hazards;
  - ❖ Prevents injuries;
  - ❖ Promotes and encourages healthy behaviors;
  - ❖ Responds to disasters and assists communities in recovery; and
  - ❖ Assures the quality and accessibility of health services.
- ▶ Public health is a system of entities and individuals working together to protect the health of entire populations – whether it's as small as a local neighborhood, or as big as the entire state.
- ▶ Public health includes federal health agencies, state health departments, local health departments, tribal health/tribal government, healthcare institutions/providers, schools/universities, philanthropy, civic groups, faith-based institutions, community organizations/coalitions, emergency responders, elected officials, and other state agencies.



## Protecting Public Health



**SOUTH DAKOTA DEPARTMENT OF HEALTH**



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## *Key Health Indicators*

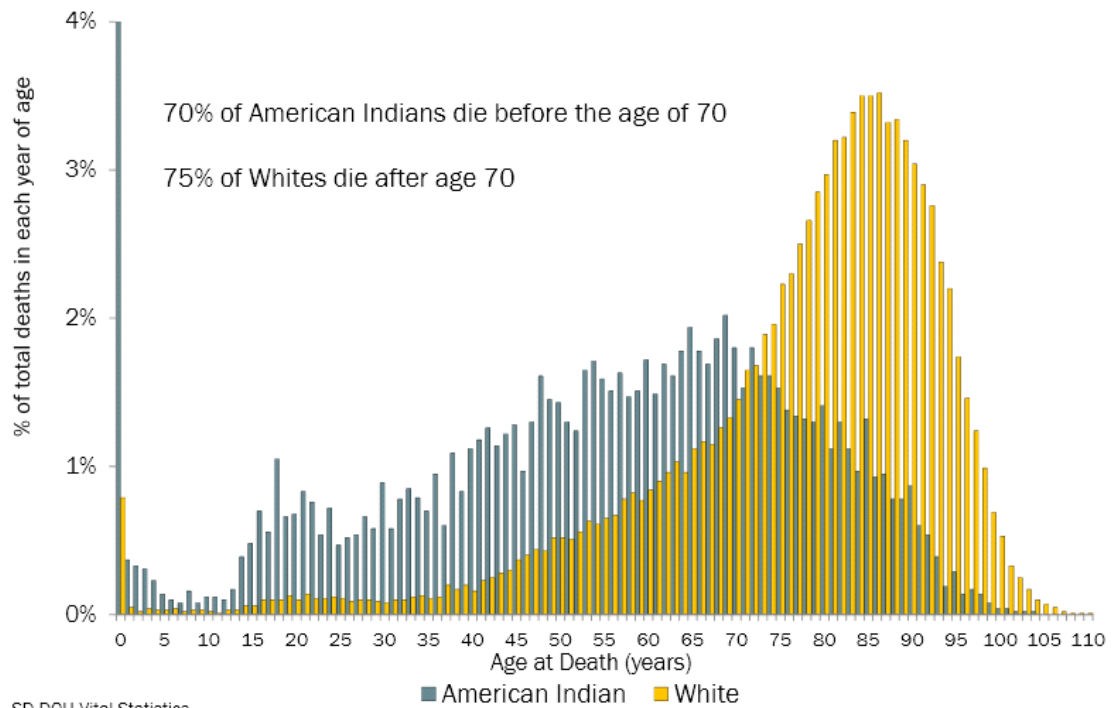
## 10 Leading causes of death by age group, South Dakota, 2005-2010

Rank	Age Groups											Total
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
	Total 506	Total 85	Total 130	Total 629	Total 633	Total 1,027	Total 2,411	Total 4,174	Total 5,951	Total 11,139	Total 15,283	Total 41,968
1	Congenital abnormalities 136	Accidents 28	Accidents 58	Accidents 307	Accidents 228	Accidents 237	Cancer 690	Cancer 1,537	Cancer 2,201	Cancer 2,890	Heart disease 4,687	Heart disease 10,196
2	SIDS 59	Assault 8	Suicide 20	Suicide 182	Suicide 116	Cancer 161	Heart disease 441	Heart disease 901	Heart disease 1,249	Heart disease 2,720	Cancer 1,927	Cancer 9,495
3	Short gestation, low birth weight 59	Congenital abnormalities 6	Cancer 12	Homicide 29	Cancer 51	Heart disease 133	Accidents 275	Accidents 221	Chronic lower respiratory diseases 562	Chronic lower respiratory diseases 985	Alzheimer's disease 1,496	Chronic lower respiratory diseases 2,650
4	Accidents 35	Cancer 8	Congenital abnormalities 7	Cancer 20	Heart disease 44	Suicide 110	Liver disease 154	Chronic lower respiratory diseases 216	Diabetes 267	Stroke 777	Stroke 1,318	Stroke 2,575
5	Placenta cord membranes 21	Unknown causes 4	Influenza & pneumonia 7	Heart disease 11	Homicide 26	Liver disease 67	Suicide 135	Diabetes 180	Stroke 233	Alzheimer's disease 573	Chronic lower respiratory diseases 821	Accidents 2,307
6	Unknown Causes 19	Heart disease 4	Cerebral palsy 3	Congenital abnormalities 8	Liver disease 19	Undetermined intent 25	Diabetes 83	Stroke 142	Accidents 168	Diabetes 395	Influenza & pneumonia 656	Alzheimer's disease 2,168
7	Cardiovascular disorders 19	Homophagocytic lymphohistiocytosis 3	Heart disease 3	Diabetes 5	Undetermined intent 15	Homicide 23	Stroke 74	Liver disease 128	Liver disease 87	Accidents 307	Accidents 443	Diabetes 1,403
8	Abnormal lab findings 18	Meningococcal infection 3	Septicemia 2	Cerebral palsy 4	Unknown causes 13	Diabetes 22	Chronic lower respiratory diseases 50	Suicide 82	Influenza & pneumonia 85	Influenza & pneumonia 236	Diabetes 440	Influenza & pneumonia 1,091
9	Atelectasis 18	Lung disorders 2	Stroke 1	Epilepsy 4	Diabetes 11	Influenza & pneumonia 20	Alcohol use 39	Septicemia 49	Alzheimer's 85	Parkinson's disease 179	Unspecified dementia 319	Suicide 738
10	Maternal complications 16	Cerebral palsy 2		Stroke 4	Congenital abnormalities 10	Stroke 17	Influenza & pneumonia 33	Influenza & pneumonia 42	Kidney disease 53	Kidney disease 127	Hypertension 260	Liver disease 522
	All other 106	All other 19	All other 17	All other 55	All other 98	All other 214	All other 440	All other 677	All other 966	All other 1950	All other 2916	All other 8023

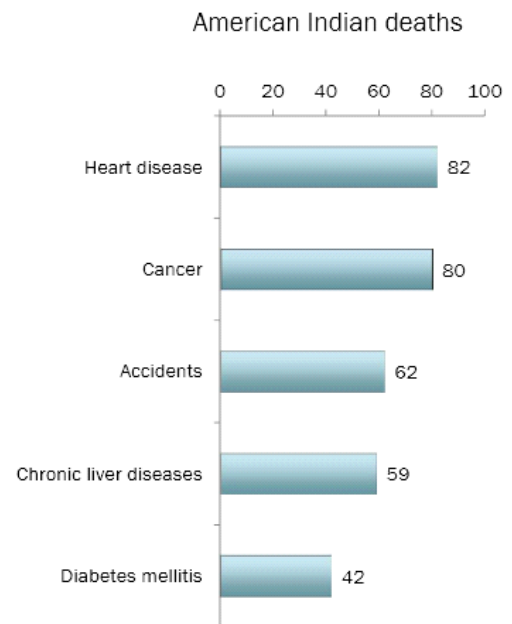
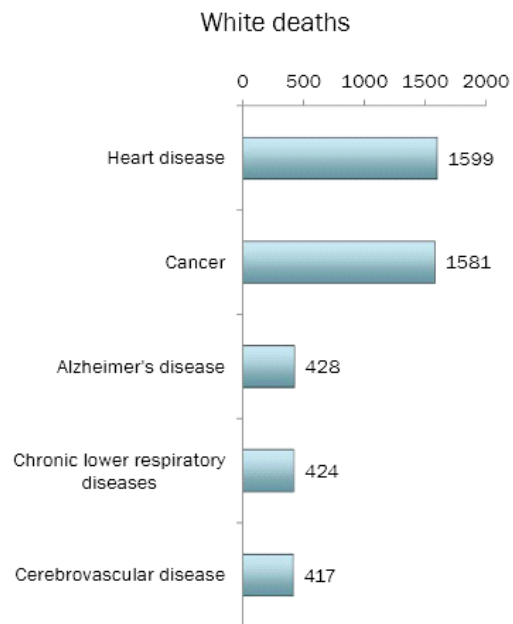
Top 5 causes of death are highlighted.

SD-DOH Vital Statistics

## American Indian and White mortality distribution by age at death, South Dakota 2000-2010



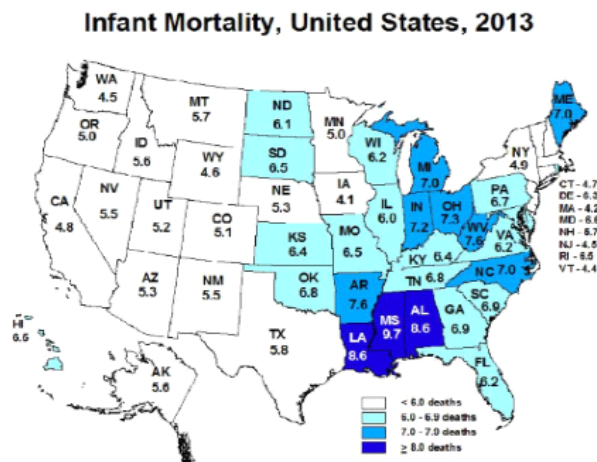
## Top 5 leading causes of death in South Dakota 2014





# Infant Mortality Rates, United States, 2013

IOWA 4.1  
 MASSACHUSETTS 4.2  
 VERMONT 4.4  
 NEW JERSEY 4.5  
 WASHINGTON 4.5  
 WYOMING 4.6  
 CONNECTICUT 4.7  
 CALIFORNIA 4.8  
 NEW YORK 4.9  
 OREGON 5.0  
 MINNESOTA 5.0  
 COLORADO 5.1  
 UTAH 5.2  
 ARIZONA 5.3  
 NEBRASKA 5.3  
 NEVADA 5.5  
 NEW MEXICO 5.5  
 ALASKA 5.6  
 IDAHO 5.6  
 NEW HAMPSHIRE 5.7  
 MONTANA 5.7  
 TEXAS 5.8  
 ILLINOIS 6.0  
 NORTH DAKOTA 6.1  
 FLORIDA 6.2



VIRGINIA 6.2  
 WISCONSIN 6.2  
 DELAWARE 6.3  
 KENTUCKY 6.4  
 KANSAS 6.4  
 RHODE ISLAND 6.5  
 MISSOURI 6.5  
 HAWAII 6.5  
**SOUTH DAKOTA 6.5**  
 MARYLAND 6.6  
 PENNSYLVANIA 6.7  
 TENNESSEE 6.8  
 OKLAHOMA 6.8  
 SOUTH CAROLINA 6.9  
 GEORGIA 6.9  
 NORTH CAROLINA 7.0  
 MAINE 7.0  
 MICHIGAN 7.0  
 INDIANA 7.2  
 OHIO 7.3  
 WEST VIRGINIA 7.6  
 ARKANSAS 7.6  
 ALABAMA 8.6  
 LOUISIANA 8.6  
 MISSISSIPPI 9.7

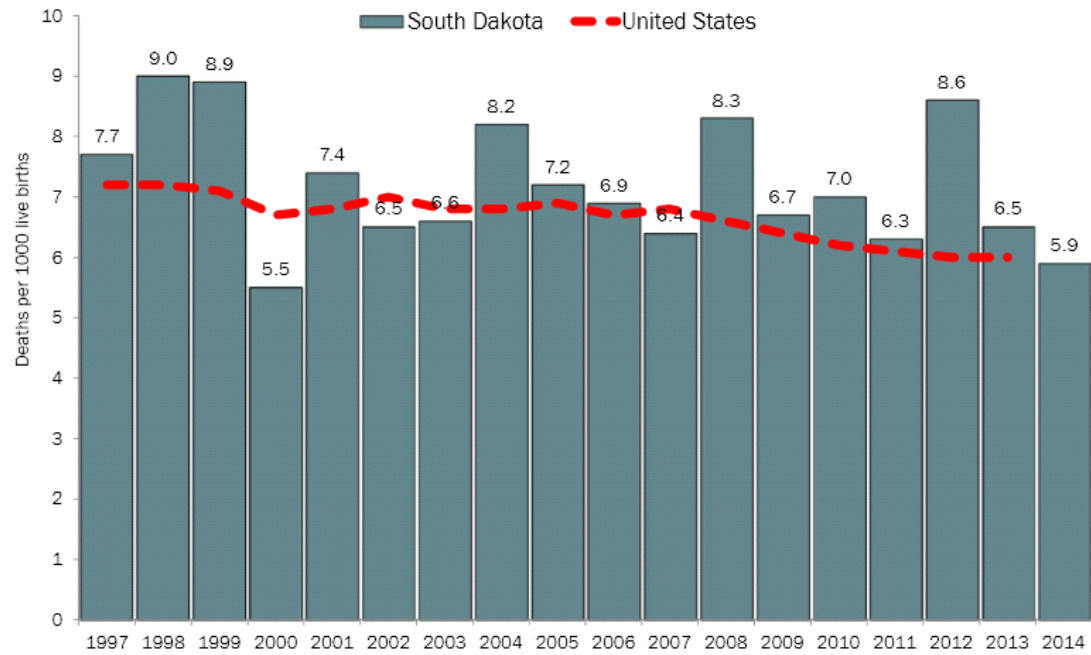
US 2013 infant mortality rate: 6.0

[http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf)

Ref: NCHS, NVSS, NVSR

## Infant Mortality, South Dakota, 1997 – 2014

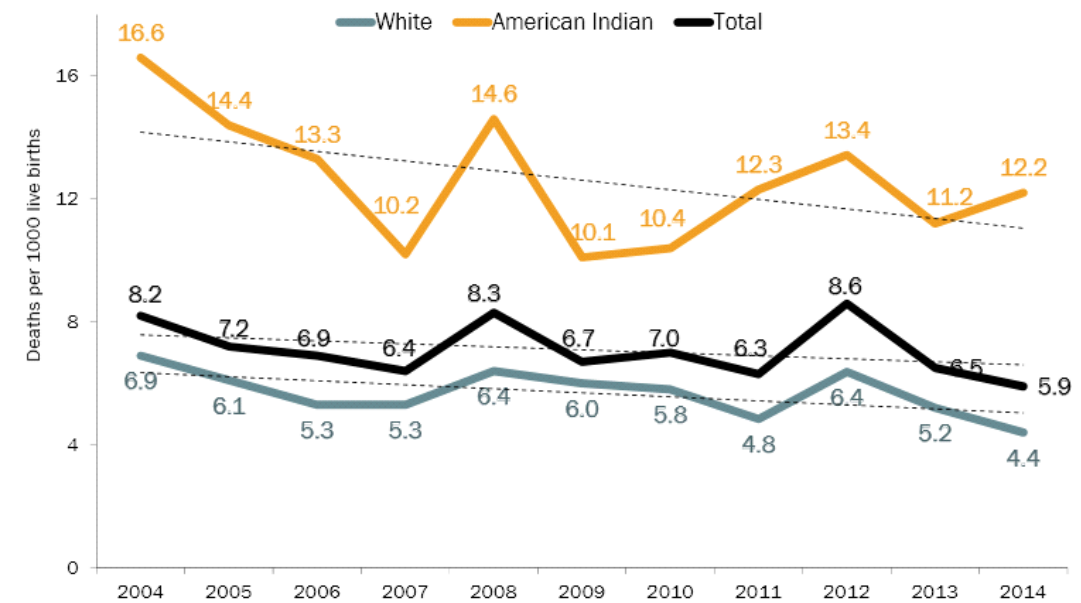
(Infant deaths per 1,000 live births)



SD-DOH SDVSR (single race formula)

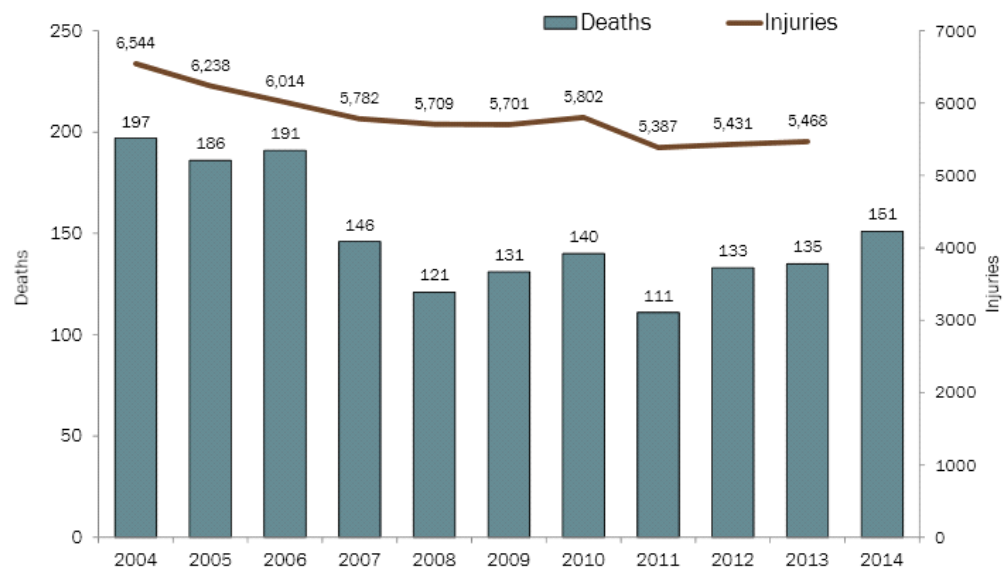
## Infant Mortality Disparity, South Dakota, 2004-2014

(Infant deaths per 1,000 live births)

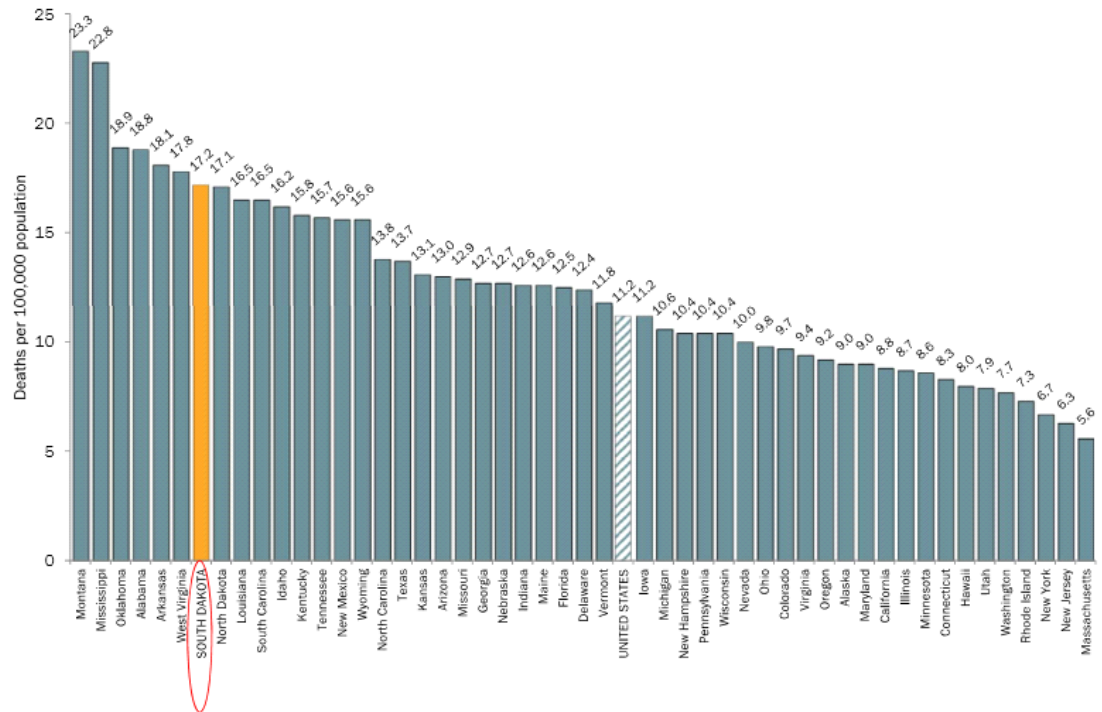


SD-DOH SDVSR (single race formula)

## South Dakota Motor Vehicle Accident Deaths and Injuries

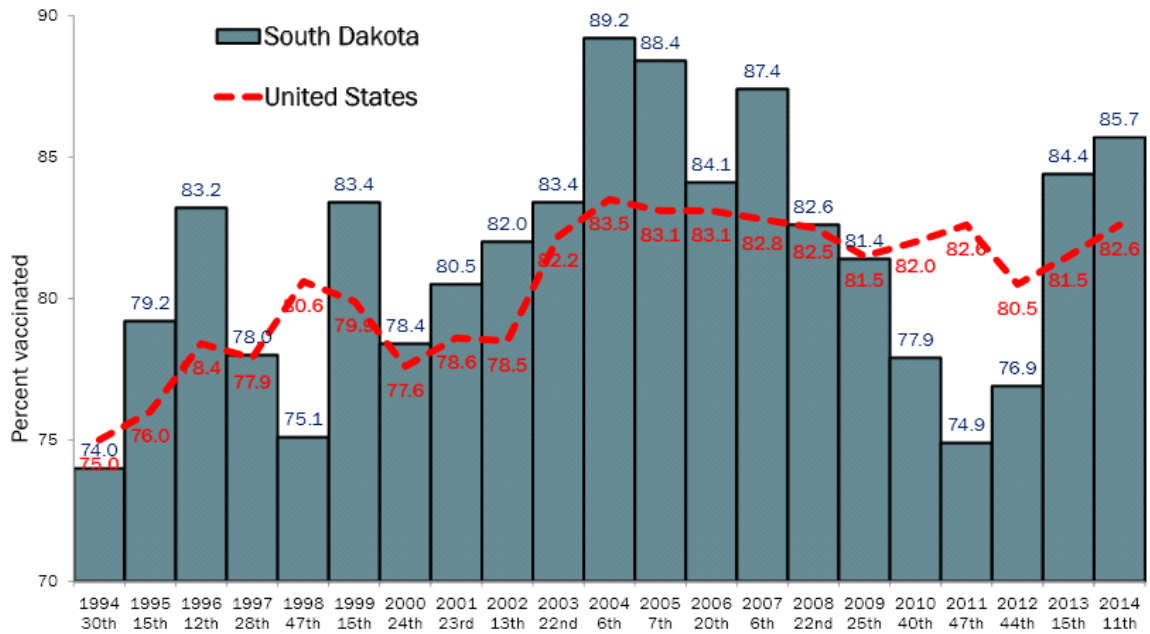


## Motor Vehicle Death Rate, 2013



CDC-NCHS, National Vital Statistics Report (NVRs) Volume 64, Number 2, Table 19

## Vaccination Rates\* for Children 19-35 months, South Dakota and United States, 1994-2014

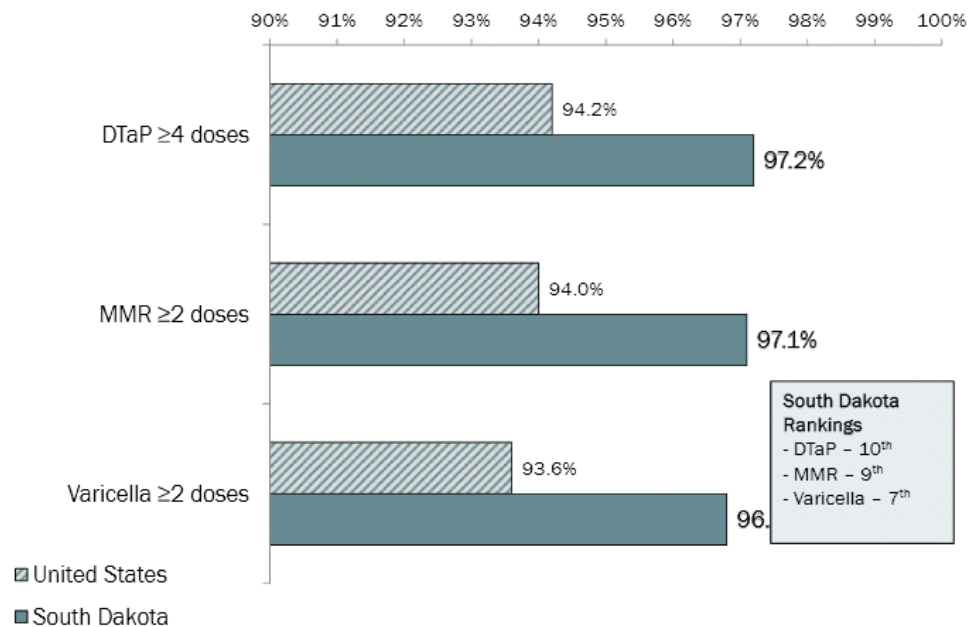


Year and South Dakota's national ranking

\*4:3:1 ≥4 doses of DTaP, ≥3 doses of polio and ≥1 doses of MMR vaccine

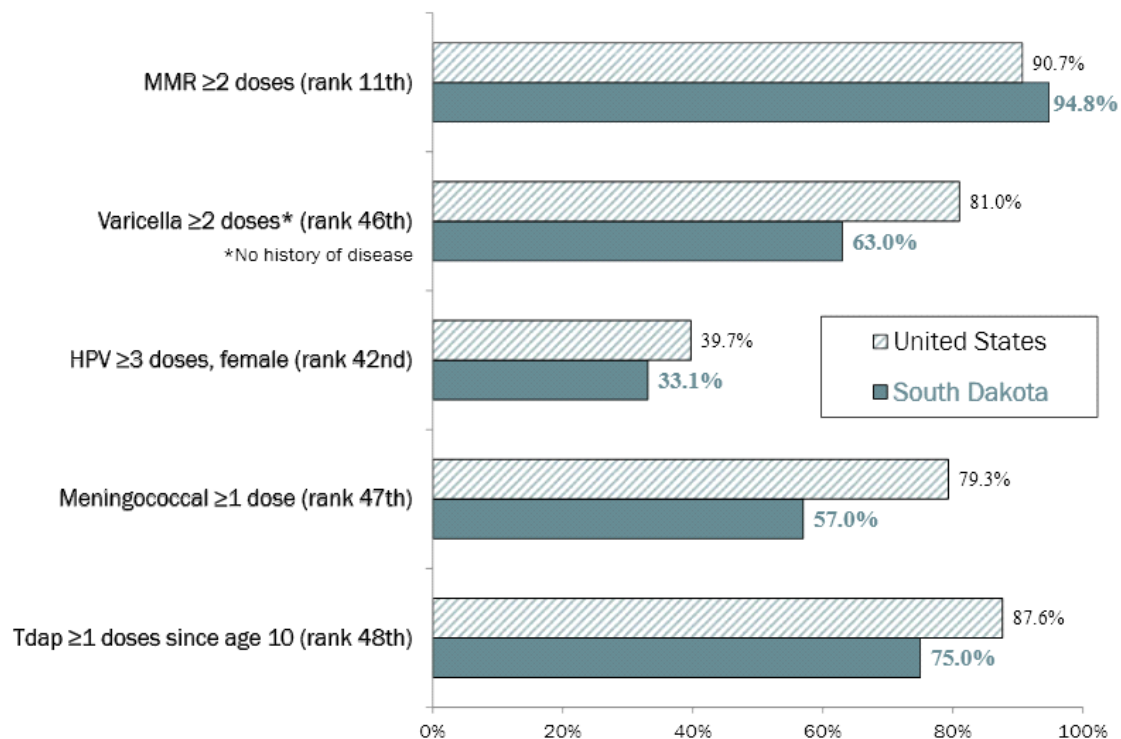
CDC National Immunization Survey

## Vaccination Coverage Rates for Kindergarten Students, South Dakota and United States, 2014-15 School Year



CDC. Vaccination Coverage Among Children in Kindergarten - United States, 2014-15 School Year; MMWR August 18, 2015. 64(33):897-904.

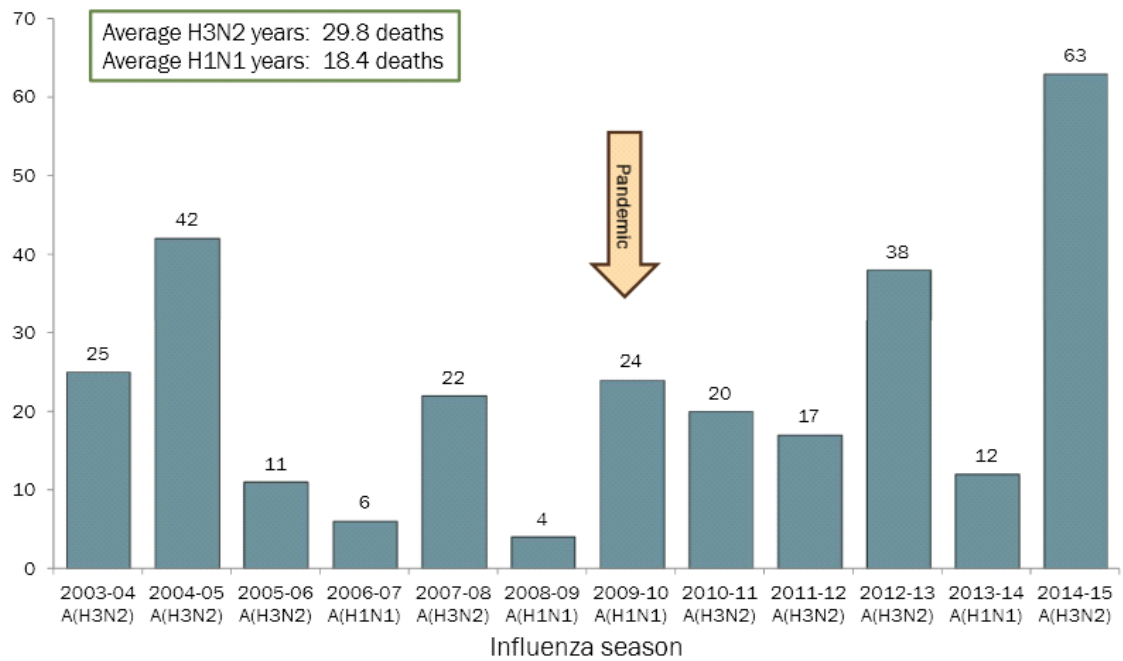
## Teens 13-17 years, vaccination coverage rates, South Dakota and United States, 2014 (NIS)



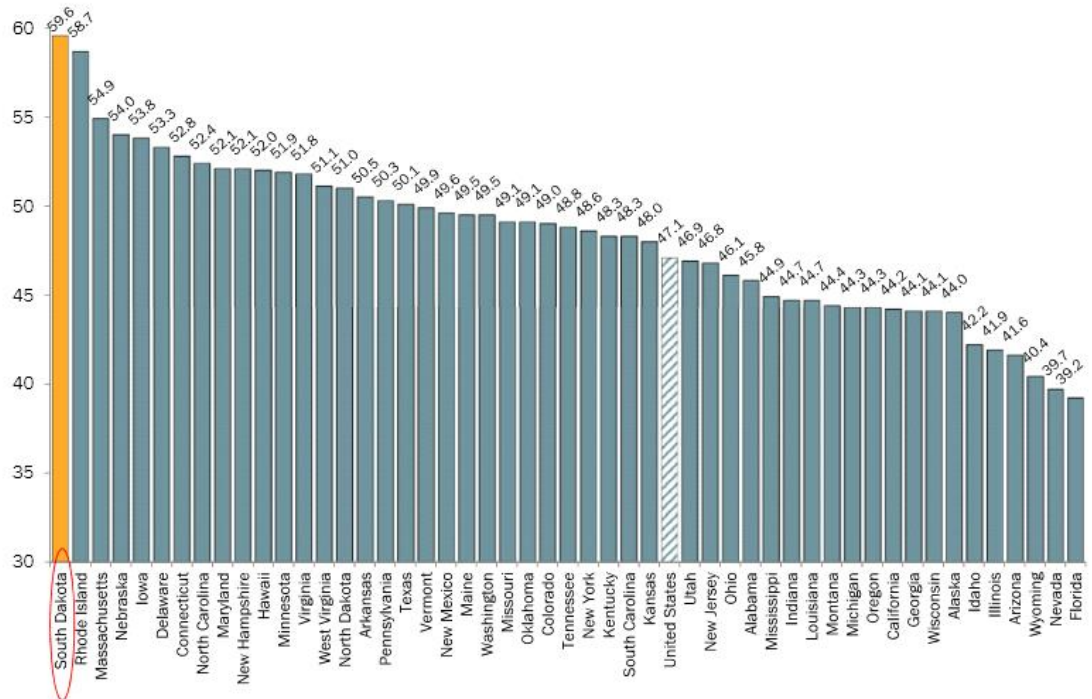
CDC. MMWR 31 July 2015, Vaccination coverage among adolescents aged 13 through 17 years – United States, 2014.



## Influenza deaths, South Dakota 2003-2015

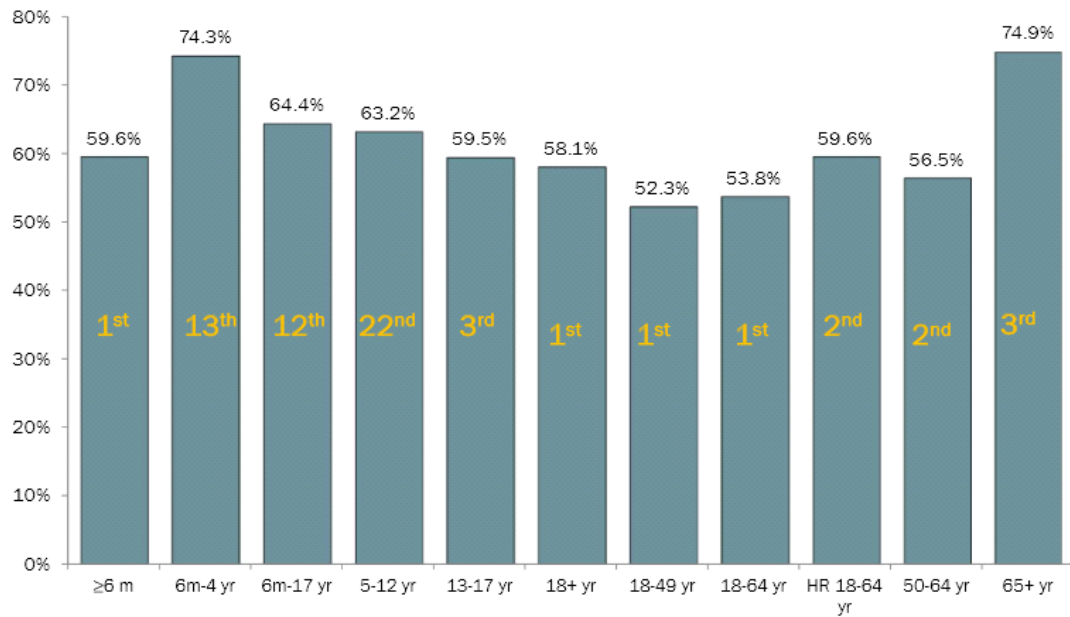


## State Influenza vaccination percent coverage for 2014–2015 season

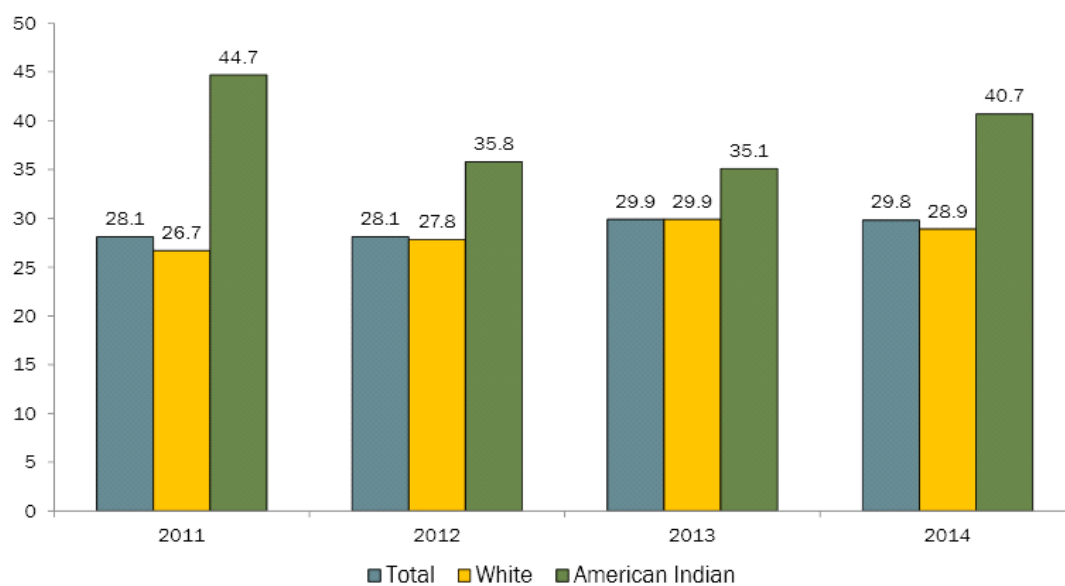


NIS and BRFSS estimates

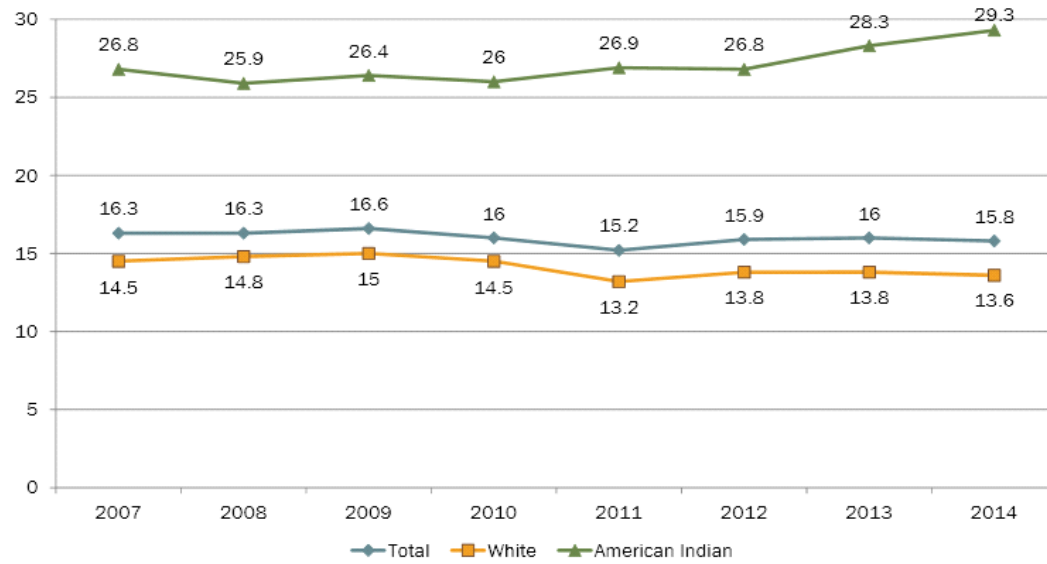
### South Dakota rates and rank among states by age group, 2014-2015



## Obesity Among South Dakota Adults by Race

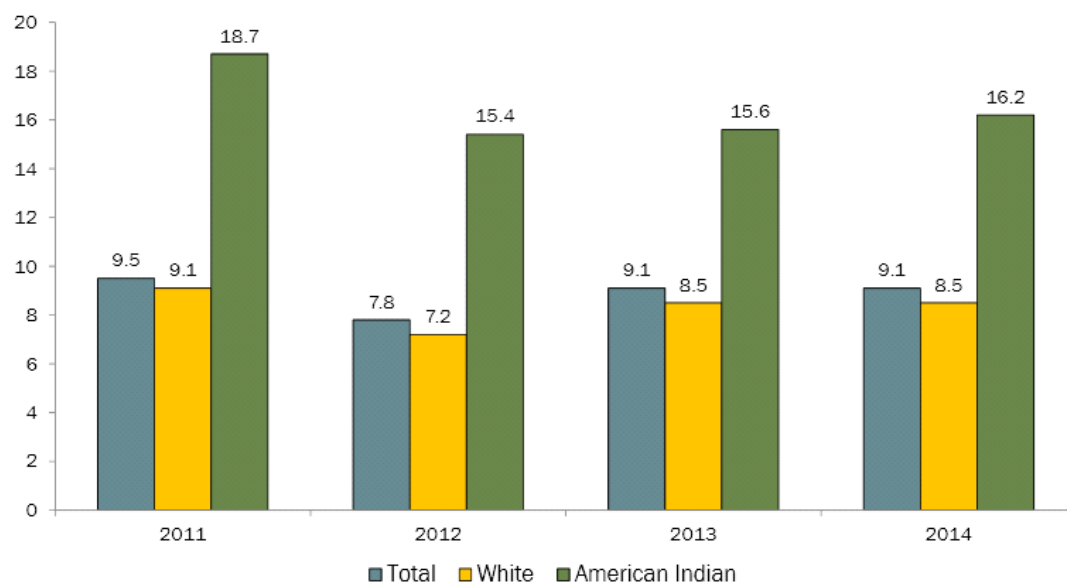


## Obesity Prevalence Among School Age Children in South Dakota, 2007-2014

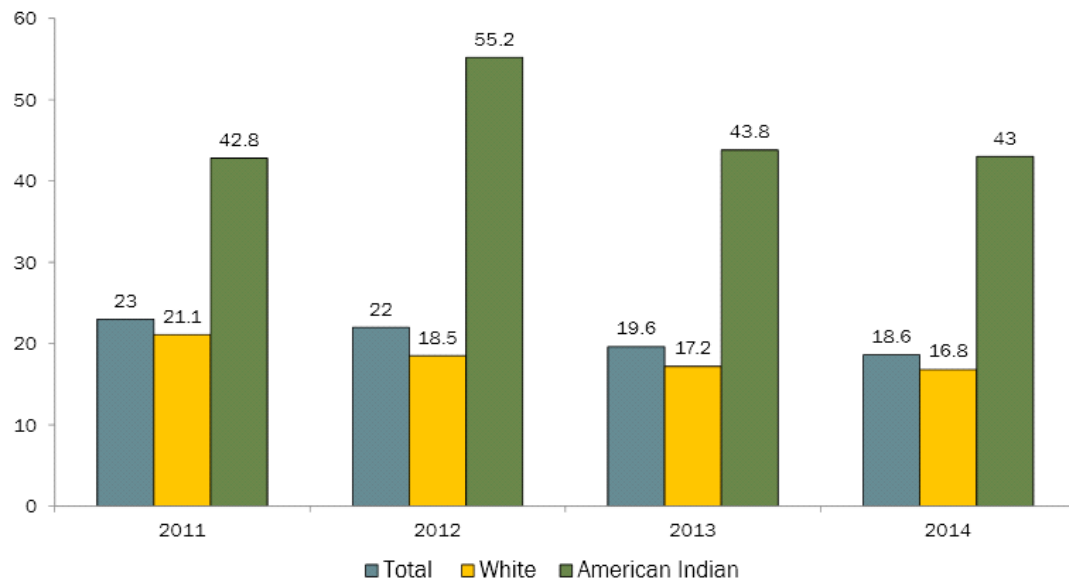


SD-DOH School Height-Weight Report

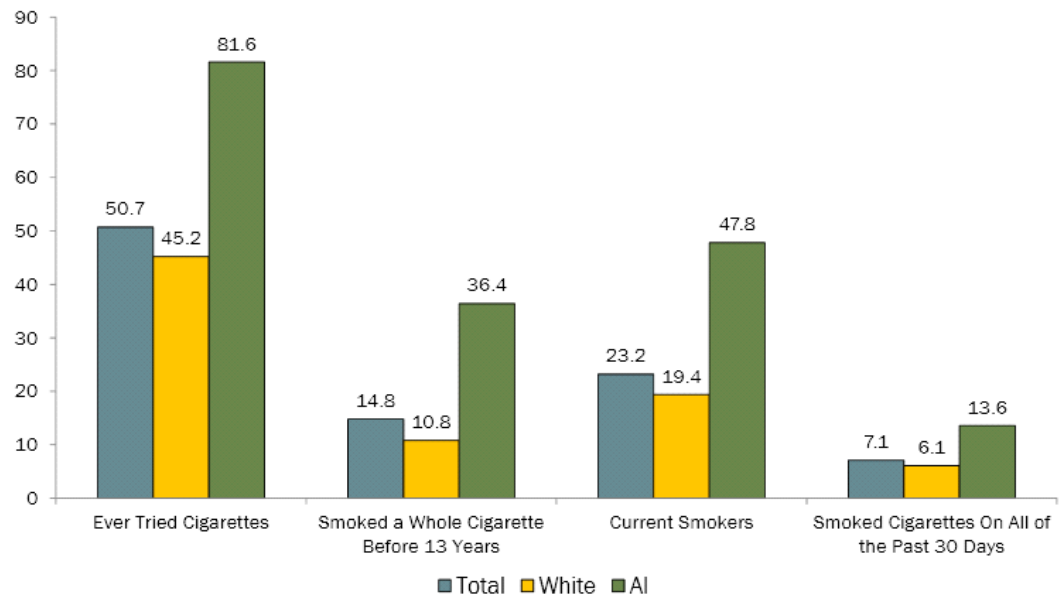
## Diabetes Prevalence Among Adults



## Adult Smoking Prevalence

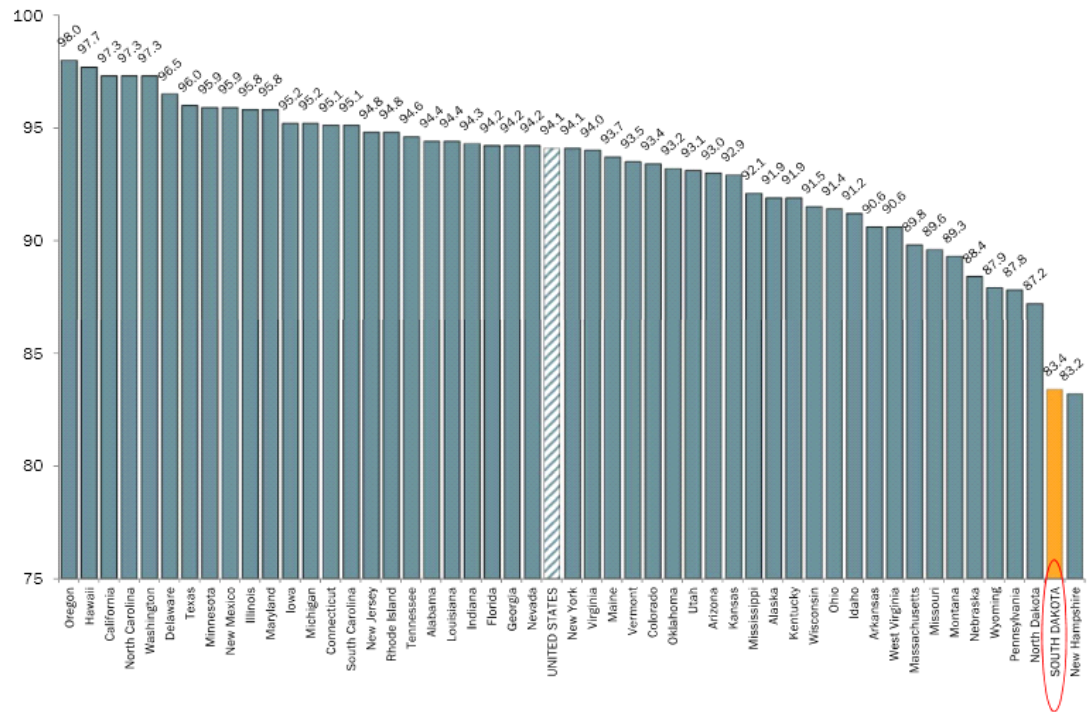


## Youth Cigarette Use, 2005-2013





## Percent of Adult Seat Belt Use, 2013



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## **Department of Health Strategic Plan**

## *Strategic Planning*



- ▶ Strategic plan provides a road map for the future of the DOH and help us work together as a department to achieve outcomes meaningful to our customers.
  - ❖ Not designed to be a compilation of the all the programs and services in the DOH
  - ❖ Designed to help us identify new things we want to accomplish as well as reflect key strategic initiatives we are doing today and will continue into the future
- ▶ DOH strategic planning process
  - ❖ Workgroup included both central and field office staff and both administrators and program staff
  - ❖ Internal SWOT – sent to DOH employees to get input regarding strengths, weakness, opportunities and threats of the Department
  - ❖ External SWOT – sent to partners (healthcare providers, health organizations/associations, legislators, IHS/tribal representatives, medical/nursing schools, philanthropic foundations, other state agencies) to get input regarding the strengths, weaknesses, opportunities, and threats of South Dakota's public health system

# *Strategic* PLAN

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*Vision*     **Healthy** People  
                 **Healthy** Communities  
                 **Healthy** South Dakota

*Mission*     To promote, protect and improve the health of every South Dakotan

*Guiding Principles*     **Serve** with integrity  
                                 **Eliminate** health disparities  
                                 **Demonstrate** leadership and accountability  
                                 **Focus** on prevention and outcomes  
                                 **Leverage** partnerships  
                                 **Promote** innovation



#### GOAL 1

Improve the quality, accessibility, and effective use of healthcare

##### A. Promote the right care at the right time in the right setting

- Maximize use of electronic technology by providers to improve quality of care
- Increase use of preventive services through enhanced public and provider awareness and education
- Improve appropriate antibiotic use

##### B. Sustain healthcare services across South Dakota

- Build and sustain South Dakota's healthcare workforce
- Support innovative ways to deliver healthcare

##### C. Provide effective oversight and assistance to assure quality healthcare facilities, professionals, and services

- Assist healthcare organizations meet established standards for quality of care
- Assure information regarding quality of healthcare facilities, providers, and services is easily available to the public



## GOAL 1

Improve the quality, accessibility, and effective use of healthcare

### Key Performance Indicators

1. Increase the percent of South Dakota nursing facilities that participate in resident-directed or person-centered care from 85% in 2015 to 100% by 2020 *(OLC Survey Data)*
2. Reduce the use of antipsychotic medications in long-stay nursing facility residents from 18.1% in 2015 to 15% by 2020 *(OLC Survey Data)*
3. Increase the percent of South Dakota adults who have visited a doctor for a routine check-up within the past 2 years from 80.1% in 2014 to 90% by 2020 *(BRFSS)*
4. Increase the number of SD Health Link members receiving relevant clinical event notifications from 0 in 2015 to 500 by 2020 *(SD Health Link)*
5. Increase the percent of emergency inmate care provided within the correctional health setting via eEmergency from 41% in 2015 to 46% by 2020 *(Correctional Health)*
6. Increase the percentage of ambulance services submitting required trip reports from 15% in 2015 to 50% by 2020 *(Office of Rural Health)*
7. Increase the percentage of Recruitment Assistance Incentive Program primary care physician participants remaining at practice site upon completion of commitment from 56% in 2014 to 61% by 2020 *(Office of Rural Health)*



**GOAL 2**  
**Support life-long health for South Dakotans**

**A. Reduce infant mortality and improve the health of infants, children, and adolescents**

- Collaborate with community partners to provide infant death review
- Reduce infant mortality through the promotion of safe sleep, tobacco cessation, and early and adequate prenatal care
- Improve the overall health of children and adolescents

**B. Increase prevention activities to reduce injuries**

- Establish and enhance partnerships to develop data-driven programs in injury prevention and motor vehicle safety

**C. Prevent and reduce the burden of chronic disease**

- Implement strategies to increase awareness of the importance of recommended, evidence-based preventive screening and its use
- Provide support to adopt policies that enhance healthy nutrition and physical activity environments
- Increase awareness of dangers of tobacco use, promote quitting, and change attitudes and beliefs related to tobacco use
- Increase individual access to evidence-based education and lifestyle change programs



## GOAL 2 Support life-long health for South Dakotans

### Key Performance Indicators

1. Reduce the 5-year infant mortality rate from 6.9 per 1,000 births in 2010-2014 to 6.0 by 2020 *(Vital Statistics)*
2. Increase the proportion of mothers who breastfeed their baby at least 6 months from 45.6% in 2014 to 60.6% by 2020 *(National Immunization Survey)*
3. Reduce the percentage of school-age children and adolescents who are obese from 16.0% in 2014-2015 to 14% by 2020 *(SD School Height and Weight Data Report)*
4. Decrease South Dakota's child and teen accidental death 5-year rate from 14.5 per 100,000 1-19 year olds in 2010-2014 to 13.0 by 2020 *(Vital Statistics)*
5. Reduce the percentage of adults who currently smoke from 18.6% in 2014 to 14.5% by 2020 *(BRFSS)*
6. Increase the percentage of adults who meet the recommended physical activity aerobic guidelines from 53.7% in 2013 to 59% by 2020 *(BRFSS)*
7. Increase the percentage of adults age 50-75 who are up-to-date with recommended colorectal cancer screening from 66.7% in 2014 to 80% by 2020 *(BRFSS)*





### GOAL 3

#### Prepare for, respond to, and prevent public health threats

- A. **Prevent and control infectious disease**
  - Enhance timeliness and effectiveness of the integrated disease surveillance system
  - Improve South Dakota's age-appropriate immunization rate
- B. **Build and maintain State Public Health Laboratory (SPHL) capacity and ensure a culture of biosafety**
  - Strengthen the SPHL capacity through employee education, training, testing methods, updated equipment, and enhancement of the Laboratory Information Management System (LIMS)
  - Ensure a culture of biosafety in the SPHL and in clinical laboratories using biosafety assessment tools
- C. **Identify the top hazardous environmental conditions in South Dakota that negatively impact human health**
  - Assess the need, inventory existing programs, and identify high impact unmet needs
  - Identify the best mechanism to address high impact gaps
- D. **Strengthen South Dakota's response to current and emerging public health threats**
  - Continue development of syndromic surveillance system
  - Enhance self-sustaining regional healthcare preparedness partnerships
  - Enhance and maintain the state public health and medical strategic stockpile
  - Ensure proficiency in laboratory testing methods for detection and identification of emerging and reemerging pathogens
- E. **Prevent injury and illness through effective education and regulation**
  - Increase efficiency by the use of electronic inspection systems
  - Advance quality by use of more timely and effective training
  - Improved communications with regulated industry
  - Streamline and update statutes and administrative rules through continued red tape review

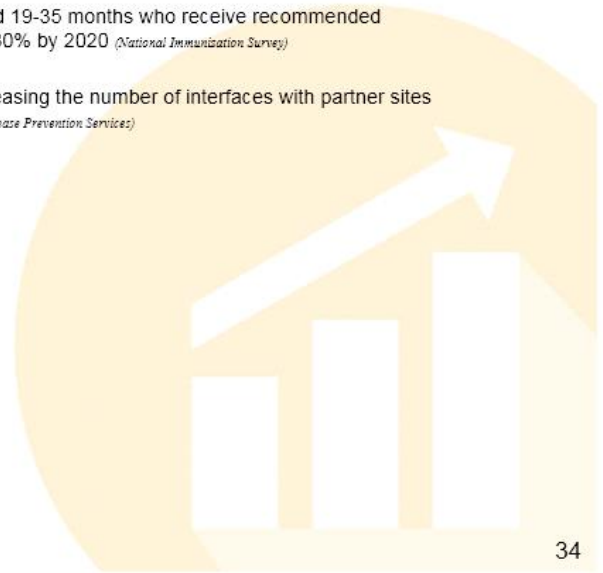


### GOAL 3

Prepare for, respond to, and prevent public health threats

#### Key Performance Indicators

1. Increase the rate of electronic disease reporting from 74% in 2015 to 90% by 2020  
*(Office of Disease Prevention Services)*
2. Increase the percent of children aged 19-35 months who receive recommended vaccinations from 76.3% in 2014 to 80% by 2020  
*(National Immunization Survey)*
3. Build syndromic surveillance by increasing the number of interfaces with partner sites from 2 in 2015 to 5 by 2020  
*(Office of Disease Prevention Services)*





#### GOAL 4

Develop and strengthen strategic partnerships to improve public health

##### A. Reduce completed and attempted suicides through statewide and local efforts

- Provide specific epidemiological support to local communities engaged in the state's suicide prevention efforts
- Explore use of Health Information Exchange to obtain relevant emergency room and other information regarding self-injury

##### B. Reduce the health impact of substance abuse and mental health disorders

- Implement surveillance of key substance abuse data
- Conduct a cause-of-death quality study

##### C. Reduce health disparities of at-risk populations through innovative and collaborative efforts

- Assist at-risk individuals to access state and local services
- Support tribal efforts to provide public health services to their members



#### GOAL 4

Develop and strengthen strategic partnerships to improve public health

### Key Performance Indicators

1. Reduce the suicide age-adjusted death rate for South Dakota from 17.1 per 100,000 in 2014 to 12.6 per 100,000 by 2020 (*Vital Records data*)
2. Reduce suicide attempts by adolescents from 8.9% in 2013 to 8.0% by 2020 (*YRBS*)
3. Reduce the drug-induced age-adjusted death rate for South Dakota from 9.0 per 100,000 in 2014 to 6.3 per 100,000 by 2020 (*Vital Records data*)
4. Reduce the alcohol-induced age-adjusted death rate for South Dakota from 17.6 per 100,000 in 2014 to 8.0 per 100,000 by 2020 (*Vital Records data*)
5. Increase the percent of Native Americans who report good to excellent health status from 77% in 2012-2014 to 87% by 2020 (*BRFSS*)
6. Reduce the percent of low-income South Dakotans who currently smoke from 32.7% in 2013-2014 to 31.5% by 2020 (*BRFSS*)



## **GOAL 5**

**Maximize the effectiveness and strengthen infrastructure of the Department of Health**

### **A. Increase effective communication**

- Provide opportunities for DOH employee input and feedback
- Enhance DOH intranet to be a central hub for department information
- Enhance website, list serv, and webinar capability and use

### **B. Promote a culture of organizational excellence**

- Explore accreditation initiatives
- Establish an orientation and knowledge transfer plan for employees
- Relaunch employee recognition program
- Provide cultural competency training and resources for employees

### **C. Leverage resources to accomplish the Department of Health's mission**

- Promote cross-division collaboration
- Explore innovative funding models and partnerships



## GOAL 5

Maximize the effectiveness and strengthen infrastructure of the Department of Health



### Key Performance Indicators

1. Increase the number of DOH employees who access a central source for internal communication and information from 189 in 2015 to 300 in 2020  
*(DOH Intranet Average Monthly User Data)*
2. 100% of new employees will receive department-wide orientation within 6 months of employment by 2020 *(Bureau of Human Resources)*
3. Increase the number of legacy documents for designated DOH positions from 0% in 2015 to 100% by 2020 *(Bureau of Human Resources)*
4. 100% of DOH employees will have the opportunity to participate in an employee engagement survey by 2020 *(Employee engagement survey results)*

## Next Steps



### Key performance indicators for each goal area

- ❖ Quantifiable measures used to define success and track progress in meeting strategic goals
- ❖ Tied to goals and objectives – not strategies
- ❖ Align to improved *outcomes* for the people the DOH serves – they are not a count of trainings provided/people trained, # of vaccines provided, etc.
- ❖ Trend data will be updated regularly and available as link on the DOH strategic plan website

### Activities/Accomplishments

- ❖ Key staff have been designated to lead efforts for each strategy
- ❖ Accomplishments will be reported by goal area rather than at the division/program level

### Performance Dashboards

- ❖ 5 of the key performance indicators have more detailed information regarding significance of measure, SD/US rates and targets, and trend information
- ❖ Key performance dashboards were selected based on their significance and overarching impact on population health

Information about the DOH Strategic Plan can be found at <http://doh.sd.gov/strategicplan/>

## *Key Performance Dashboards*

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- ▶ Increase the percent of South Dakota adults who have visited a doctor for a routine check-up within the past 2 years from 80.1% in 2014 to 90% by 2020
- ▶ Reduce the 5-year infant mortality rate from 6.9 per 1,000 births in 2010-2014 to 6.0 by 2020
- ▶ Reduce the percentage of adults that currently smoke from 18.6% in 2014 to 14.5% by 2020
- ▶ Increase the percent of children aged 19-35 months who receive recommended vaccinations from 76.3% in 2014 to 80% by 2020
- ▶ Reduce the suicide age-adjusted death rate for South Dakota from 17.1 per 100,000 in 2014 to 12.6 per 100,000 by 2020



## *2016 DOH Legislation*

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- ▶ **SB 27 – An Act to revise certain personnel requirements for ambulance services and to repeal the hardship exemption.**  
Establishes the ambulance service personnel required to respond to calls at one EMT and one driver. Competency requirements for the driver would be established in administrative rule.
- ▶ **SB 28 – An Act to require meningococcal immunization for school entry.**  
Adds vaccination against meningitis to the list of required school immunizations. This immunization would be required until entry into middle school.
- ▶ **HB 1025 – An Act to place certain substances on the controlled substances schedule and to declare an emergency.**  
Updates South Dakota's controlled substance statute to be consistent with federal DEA scheduling actions that have occurred since the last legislative session and updates the list of anabolic steroids to include additional "designer" anabolic steroids.

## *2016 DOH Legislation*

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- ▶ **HB 1026 – An Act to revise certain provisions regarding the annual inspection requirement for licensed health care facilities.**  
Removes language requiring annual inspection of health care facilities to reflect the current and accepted practice.
- ▶ **HB 1028 – An Act to repeal certain outdated and obsolete statutes related to the Department of Health.**  
This bill continues the DOH's efforts to repeal outdated and obsolete laws as part of the Governor's Red Tape Initiative.
- ▶ **HB 1029 – An Act to make an appropriation to the Department of Health to fund the rural residency program and to declare an emergency.**  
Provides \$205,000 to the DOH to fund start-up of a rural residency track.

## *2016 DOH Legislation*

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- ▶ **SB 29 – An Act to Update the nurse practice act and to adopt a new Interstate Nurse Licensure Compact.**  
Updates the Nursing Practice Act and adopts a new Interstate Nurse Licensure Compact to replace the compact that has been in place in 2000. This bill is being brought by the SD Board of Nursing.
- ▶ **HB 1027 – An Act to revise certain provisions regarding licensure of massage therapists.**  
Updates and clarifies provisions of the massage therapy practice act to make it consistent with other professional licensing boards. This bill is being brought by the SD Board of Massage Therapy.

## *DOH Contacts*

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### **Secretary of Health**

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### **Division Directors**

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Health & Medical Services – Colleen Winter ([colleen.winter@state.sd.us](mailto:colleen.winter@state.sd.us))

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